## KIPDA DISTRICT EARLY INTERVENTION COMMITTEE MEETING March 27, 2006

## Minutes

## K.I.D.S. Center, Louisville, Kentucky

<u>Members/Designees Present</u>: Barbara Borie, Julie Leezer, Sandy Milburn, Melinda Atkins, Cindy Holmes, Sue McGill, Becky Skrine, Angie Guest, Karen Pass, Ann Finney, Jill Lemmenes.

<u>Members/Designees Not Present or Represented</u>: Carrie Bearden, Christie Dwyer, Ann Finney, Lynn Webster, Mona McCubbin, Michele Harmon, Jon Lee, Shawna White, Ann Phillips.

**Staff Present**: Cathy Moser and Alicia Dailey.

## **Guests Present:**

SUBJECT	DISCUSSION	ACTION
Minutes	Corrections to January minutes and February minutes were reviewed.	January minutes were approved; February minutes will be approved after
		corrections.
Old Business	Barbara Borie asked about Becky Skrine's and Sandy Milburn's questions	
	on using standardized tests. Becky said that she had a conversation with Dr.	
	Shepherd about standardized forms (for insurance billing) and also a list of	
	standardized tests. Dr. Shepherd is not leaning towards a list. Sandy	
	Milburn indicated she has gone to training about tests that meet the Early	
	Childhood Standards. Angie Guest stated that training was the result of	
	GSIG grants. Right now, the standards are mandated for schools but not for	
	First Steps, although Kim Townley is encouraging First Steps to use them.	
Point of Entry Report	Cindy Holmes reported. Referrals: 140 for February. Child Find: 1) Julie	
	Derringer provided FS information to Even Start. 2) Shannon Patterson	

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	Issues: 1) 45-Day Time Line: February was an outstanding month for progress in meeting the 45-day time line! This is the best they have done this fiscal year. 68% of IFSPs were completed within 45 days (a 32.4% increase from last month); 93.3% of IFSPs were completed within 45 days or delayed due to the acceptable reason of parent delay (a 12.8% increase from last month). Only one IFSP was delayed past 45 days due to ISC workload! Three (3) ISCs completed 100% of their IFSPs within 45 days: Sheila Sanders, Victoria Chanda and Karen Graves! This month's achievement coincided with the addition of the new ISC position. This increase has apparently already had a positive impact on the ability to meet the 45 day time line.  2) Still have not received clarification from Meredith Brown about reaching consensus when the PLE and the assessor(s) disagree on the developmental status ranking that they gave a child in a particular domain. Several weeks may have gone by between the PLE and the initial assessment(s) and the PLE may no longer be available. It is not appropriate to argue about scores at the initial IFSP meeting. In the interim, they will go by the PLE scores if there isn't consensus. Cindy believes the PLE score is the baseline. Angie Guest asked if, when the ISC sends the referral, the assessors get a copy of the PLE. Cindy said yes. Barbara Borie asked if the reason we needed the developmental status scale was to meet federal requirements. Cathy Moser said that, in addition to the federal requirement, the scale is also needed to justify the need for services.  Shortages: 1) Speech Language Pathologist in all counties, but critical in Trimble and Henry counties. 2) OT as PLE who can evaluate premature infants.	
ICC	Cindy Holmes reported. Angie Guest read the statement expressing concern about not receiving appointees for ICC vacant positions. Sarah Wilding, Acting Chair, said that the "go-to" person was working on it. The next ICC meeting is May 11, 2006.	

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Technical Assistance	Program Consultant Report: Alicia Dailey reported. 1) The	
Team Report	Developmental Status Scale policy will be clarified on three (3) levels: 1)	
	Meredith Brown and Dr. Shepherd will review and clarify with Central	
	Office; 2) The TATs will review it and 3) The field will have a chance to	
	review it. 2) ER children with no delays: The child may receive one	
	service – the most appropriate one in the area of expected delay (If global	
	delays are expected, a DI may be the most appropriate discipline). The	
	outcomes must be family, and not child outcomes. Question from Cindy: If	
	the five-area assessment did not show a delay, but at the IFSP meeting there	
	is a concern, or if a provider comes in and has a concern, at what point may	
	the team request an assessment in a particular area? Becky Skrine stated	
	that from a professional licensing point of view, therapists (except DIs)	
	must do an assessment before providing information to the caregiver.	
	Cathy Moser and Alicia Dailey agreed that, until there is clarification from	
	the state, if the team has a concern, they should be able to request an	
	assessment. Cathy said that ER policy is difficult because the issue of	
	assessments for ER children when there isn't a delay is not addressed in the regulations. The issue is getting the family information and support. That	
	is the reason we need family outcomes. The provider would not need to	
	come 1x/week. It could be 1x/month. Jill Lemmenes (parent) shared her	The DEIC recommended that Jill
	experience. Her child has an ER condition and initially did not show any	Lemmenes share her perspective with Dr.
	delays. So he did not receive any services. Five months later, he showed	Shepherd. The family needs continued
	delays. Because of this delay in providing services, Jill felt that the FS	support even though the child is doing
	system was inattentive. He is now receiving SLP and he's doing great. She	well.
	is concerned that the service will be withdrawn.	wen.
Treasurer's Report	Angie Guest reported. 1) There is approximately \$700 in the account.	
Trousurer s respon	Sandra Duverge spent some money on the last family orientation. 2) Angie	
	emailed Kay Whalen from the Clifton Center about the contract for next	
	fiscal year. Kay forwarded it on to people above her. Angie has not heard	
	anything yet. The outstanding issue is the certificate of insurance liability,	
	which the DEIC cannot produce and the Clifton Center requires. 3) We are	
	charging \$50 for the provider fair. The packets went out the first week of	

Page 4 of 4

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	March. The deadline for registration is in May. Angie sent an email to	
	Anne Bolly who forwarded it to the field about the fair. It will be in the	
	Founders' Bldg, Rooms A & B on the afternoon of June 13th. We have to	
	pay \$350 to rent the room, which includes set up and tear down. We still	
	cannot bring in any food.	
Transition Update	Melinda Atkins reported. The Initiation of Referral Form to JCPS has been	
	revised so that JCPS will be better prepared. This will hopefully be used	
	throughout the KIPDA district. The next interagency meeting is May 4 <sup>th</sup> at	
	10:30 am at VIPS. Melinda attended the six-hour transition meeting of	
	partners that are developing a transition plan for all children prenatal-6.	
	We're doing a good job of transitioning children with disabilities but not	
	with children who aren't in FS. Metro United Way is working with the	
	state on this with the Success by Six Program. There are four (4) pilot	
	programs. Jefferson County is the largest county of the pilot programs.	
	The next meeting is April 10 <sup>th</sup> . There should be a transition plan in place by	
	the end of May. Brenda Mullins is the facilitator. The government has not	
	provided any funding. About 20-25 agencies are currently represented.	
Referral and Progress	Neither workgroup has met. Cathy Moser and Anne Bolly have worked on	Referral Template workgroup still needs
Report Workgroups	changing progress reports and assessment reports. Need to wait to see the	to meet.
	outcome.	
Review Meeting Time	We will meet from 9:00-10:30 a.m. through June.	

Next meeting: April 24, 2006, 9:00-10:30 a.m. Board Room, K.I.D.S. Center, 982 Eastern Parkway

Agenda: Treasurer's Update and Provider Fair Transition Update Discussion on Meeting Time